

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742940

FILED  
May 03, 2011  
Secretary of State

**Entity Name:** BAY POINT FACILITIES, INC.

**Current Principal Place of Business:**

1944 BAY POINT BLVD.  
MILTON, FL 32583

**New Principal Place of Business:**

**Current Mailing Address:**

1944 BAY POINT BLVD.  
MILTON, FL 32583

**New Mailing Address:**

**FEI Number:** 59-1964725

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FIGGINS, RONALD G  
889 DOLPHIN RD  
MILTON, FL 32583 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FIGGINS, RONALD G  
Address: 889 DOLPHIN RD  
City-St-Zip: MILTON, FL 32583 US

Title: VPD  
Name: MITCHELL, DANIEL  
Address: 4606 BAYWOODS DR  
City-St-Zip: PENSACOLA, FL 32504 US

Title: STD  
Name: BANKES, DEBRA  
Address: 4112 SHERIDAN DR  
City-St-Zip: PACE, FL 32571 US

Title: D  
Name: ROSS, BEN  
Address: 2622 KERRYBROOK COURT, APT E104  
City-St-Zip: SAN ANTONIO, TX 78230 US

Title: D  
Name: CORNELISON, JOAN  
Address: 200 PASSAGE DR  
City-St-Zip: MURRAY, KY 42071 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DEBRA BANKES

STD

05/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date